



Mike Huckabee
Governor

State of Arkansas
SOCIAL WORK LICENSING BOARD

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Troylene Jones
Executive Director

APPLICATION FOR LICENSURE

Applicant's Name: _____ (as to appear on license)

LICENSE BEING APPLIED FOR:

Check one – Consult
summary for requirements

____ Licensed Social Worker (LSW)

____ Licensed Master Social Worker (LMSW)

____ Licensed Certified Social Worker (LCSW)

INSTRUCTIONS: (1) Type or print (2) Complete application in its entirety (3) Enclose check or money order for \$100 (4) Request official transcript and certification from your academic institution - form attached (5) Request verification of LCSW supervision if applying for LCSW licensure - form attached (6) It is the responsibility of the applicant to verify that all required information has been mailed to the Board. Note: The application will not be processed until all materials have been received.

Name: Last First Middle Social Security Number

Maiden or any other name ever used Date of Birth

Home Address: Street City State Zip Code + Four

County of Residence () Home Phone () Business Phone E-mail Address

FOR BOARD USE ONLY - DO NOT WRITE BELOW THIS LINE

Date Application Received _____ Fee \$ _____ Receipt No. _____

Transcript _____ CSWE Accredited: Y N Degree _____ Supervision (2 yrs) Y N

Reciprocity: Y N Which state: _____ DARS Checked: Y N

Date Reviewed: _____ Approved () Denied () Criminal Background Check: _____

Board Signature: _____ Board Signature: _____

(Revised 11/03)

EDUCATION

	<u>School Name</u>	<u>Location</u>	<u>Degree</u>	<u>Date</u>	<u>Major</u>
Undergraduate					
Graduate					
Complete the request for transcript and certification form and forward it to your appropriate school.					

EMPLOYMENT HISTORY

Present Employer _____ Date _____ to present

Address _____

Position Title _____ Months in Position _____

Supervisor _____ Supervisor's Degree _____

Job Responsibilities _____

Check one: ☐ Full time ☐ Part time

PAST EMPLOYMENT: Include at least 2 years previous employment (attach additional sheets if necessary).

Employer _____ Date _____ to _____

Address _____

Position Title _____ Months in Position _____

Supervisor _____ Supervisor's Degree _____

Job Responsibilities _____

Check one: ☐ Full time ☐ Part time

Employer _____ Date _____ to _____

Address _____

Position Title _____ Months in Position _____

Supervisor _____ Supervisor's Degree _____

Job Responsibilities _____

Check one: ☐ Full time ☐ Part time

BACKGROUND INFORMATION

1. Are you currently licensed in Arkansas and applying for a change in level of licensure? Yes ()
No () If yes, give current license number _____.
2. Have you previously held a social work license or provisional license in Arkansas? Yes ()
No ()
3. Are you applying for licensure through reciprocity with another state or jurisdiction? Yes ()
No () If yes, name of state _____.
4. Please provide the following information for each state or jurisdiction in which you currently hold or have held a social work license:

State	License No.	Level of Licensure	Date Issued	Date Expired	Level of Exam Taken

5. Have you ever been denied a professional license because of disciplinary proceedings in Arkansas or any other state or jurisdiction? Yes () No ()

6. Have you been refused renewal of a professional license pursuant to disciplinary proceedings? Yes () No ()
7. Have you ever had a professional license suspended or revoked? Yes () No ()
8. Have you ever voluntarily surrendered a professional license? Yes () No ()
9. Are you currently or have you ever been under any investigation regarding your professional practice? Yes () No ()
10. Have you ever pleaded guilty or nolo contendere to, or been found guilty of, any of the offenses listed in Arkansas Code Annotated (A.C.A.) § 17-103-307? Yes () No () (A copy of A.C.A. § 17-103-307 is an attachment to this application.)

If you answered yes to questions 5-10, you must attach a detailed explanation.

APPLICANT'S AFFIDAVIT

I, the undersigned, do hereby apply for a license under the terms of the Social Work Licensing Law (A.C.A. 17-103-101 et. seq.), and I do solemnly swear that all statements contained in this application are true and correct to the best of my knowledge. I fully understand that all statements made in this application may be subject to verification and that any false and misleading answer may be grounds for refusal, or subsequent revocation or suspension of my license.

I also understand that in accordance with Arkansas Code Annotated 17-1-104, applicants for social work licensure must include their Social Security number on the application for licensure, and that my name, address and social security number will be forwarded to the Office of Child Support Enforcement on a quarterly basis.

A check or money order for the application fee is enclosed, and I hereby acknowledge that one-half of the fee is non-refundable.

Signature of Applicant

Printed Name of Applicant

Date